
State:	Arkansas	Filing Company:	Columbus Life Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	2013 CLIC MIB Filing/rp/jc		
Project Name/Number:	2013 CLIC MIB Filing/rp/jc/2013 CLIC MIB Filing/rp/jc		

Filing at a Glance

Company:	Columbus Life Insurance Company
Product Name:	2013 CLIC MIB Filing/rp/jc
State:	Arkansas
TOI:	L08 Life - Other
Sub-TOI:	L08.000 Life - Other
Filing Type:	Form
Date Submitted:	11/30/2012
SERFF Tr Num:	WSST-128790229
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	2013 CLIC MIB
Implementation	On Approval
Date Requested:	
Author(s):	Ramona Piercefield, Kimberly Wright, Angelea Underwood, Jaclyn Cox
Reviewer(s):	Linda Bird (primary)
Disposition Date:	12/04/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** Columbus Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: 2013 CLIC MIB Filing/rp/jc
Project Name/Number: 2013 CLIC MIB Filing/rp/jc/2013 CLIC MIB Filing/rp/jc

General Information

Project Name: 2013 CLIC MIB Filing/rp/jc Status of Filing in Domicile: Pending
Project Number: 2013 CLIC MIB Filing/rp/jc Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Domicile state is Ohio
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 12/04/2012
State Status Changed: 12/04/2012
Deemer Date: Created By: Ramona Piercefield
Submitted By: Ramona Piercefield Corresponding Filing Tracking Number:

Filing Description:

RE: MIB AUTHORIZATION CHANGE EFFECTIVE JANUARY 1, 2013

Columbus Life Insurance Company, NAIC # 99937
CL 45.406 (01/13), Authorization For Release Of Health Information
CL 45.427 (1/13), Authorization For Application And Policy Issue

Dear Reviewer,

This filing is being submitted on behalf of the Columbus Life Insurance Company.

Effective January 1, 2013, MIB will require all Members to include language in their MIB Authorization that elicits an applicant's express written consent to report information to MIB.

In order to comply with the request, two special authorization forms will be used. Each form submitted for review and approval contains the suggested language from MIB.

Below are the forms numbers and a brief description:

CL 45.406 (01/13), Authorization For Release Of Health Information. This form, when signed by the Insured, gives consent from the insured to disclosure health information and authorizes the release of any information collected to MIB.

CL 45.427 (1/13), Authorization For Application And Policy Issue. This form, when signed by the appropriate party, gives consent to disclose health information. It is to be completed by the parent or owner of the proposed minor insured's policy and authorizes the release of any information collected to MIB.

Please also note that the authorization forms are intended to supersede authorizations signed within the application packet beginning January 1, 2013 and later.

These authorizations are intended to be used with all applications being submitted for the Columbus Life Insurance Company.

Thank you for your consideration and we look forward to your approval.

Ramona Piercefield

State: Arkansas **Filing Company:** Columbus Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: 2013 CLIC MIB Filing/rp/jc
Project Name/Number: 2013 CLIC MIB Filing/rp/jc/2013 CLIC MIB Filing/rp/jc

Insurance Compliance Analyst
Western and Southern Financial Group
1-800-446-0795 (1873)

Company and Contact

Filing Contact Information

Ramona Piercefield, Product & State Filing Analyst
Ramona.Piercefield@wslife.com
400 Broadway
Cincinnati, OH 45202
800-446-0795 [Phone] 1873 [Ext]
513-357-4123 [FAX]

Filing Company Information

Columbus Life Insurance Company	CoCode: 99937	State of Domicile: Ohio
400 East Fourth Street	Group Code: 836	Company Type: Life
Cincinnati, OH 45202	Group Name: West-Southern Group	State ID Number:
(800) 446-0795 ext. [Phone]	FEIN Number: 31-1191427	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per filing
Per Company:	No

Company	Amount	Date Processed	Transaction #
Columbus Life Insurance Company	\$50.00	11/30/2012	65325784
Columbus Life Insurance Company	\$50.00	12/03/2012	65386118

State:	Arkansas	Filing Company:	Columbus Life Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	2013 CLIC MIB Filing/rp/jc		
Project Name/Number:	2013 CLIC MIB Filing/rp/jc/2013 CLIC MIB Filing/rp/jc		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/04/2012	12/04/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	12/03/2012	12/03/2012

Response Letters

Responded By	Created On	Date Submitted
Ramona Piercefield	12/03/2012	12/03/2012

State:	Arkansas	Filing Company:	Columbus Life Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	2013 CLIC MIB Filing/rp/jc		
Project Name/Number:	2013 CLIC MIB Filing/rp/jc/2013 CLIC MIB Filing/rp/jc		

Disposition

Disposition Date: 12/04/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	CLIC MIB Auth. Forms Statement of Variability		Yes
Form	Authorization For Release Of Health Information		Yes
Form	Authorization For Application And Policy Issue		Yes

State:	Arkansas	Filing Company:	Columbus Life Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	2013 CLIC MIB Filing/rp/jc		
Project Name/Number:	2013 CLIC MIB Filing/rp/jc/2013 CLIC MIB Filing/rp/jc		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/03/2012
Submitted Date	12/03/2012
Respond By Date	01/03/2013

Dear Ramona Piercefield,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 filing fee is received.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

State: Arkansas **Filing Company:** Columbus Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: 2013 CLIC MIB Filing/rp/jc
Project Name/Number: 2013 CLIC MIB Filing/rp/jc/2013 CLIC MIB Filing/rp/jc

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/03/2012
Submitted Date	12/03/2012

Dear Linda Bird,

Introduction:

Thank you for your letter of December 3, 2012

Response 1

Comments:

We have added the additional filing fee of \$50.00 and adjusted our records accordingly.

Related Objection 1

Comments: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 filing fee is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We look forward to your continued review and approval.

Sincerely,

Ramona Piercefield

SERFF Tracking #:

WSST-128790229

State Tracking #:

Company Tracking #:

2013 CLIC MIB

State: Arkansas

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: 2013 CLIC MIB Filing/rp/jc

Project Name/Number: 2013 CLIC MIB Filing/rp/jc/2013 CLIC MIB Filing/rp/jc

Filing Company:

Columbus Life Insurance Company

Form Schedule

Lead Form Number: CL 45.406 (1/13)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Authorization For Release Of Health Information	CL 45.406 (01/13)	POLA	Initial		53.000	CL 45.406 (1-13).pdf
2		Authorization For Application And Policy Issue	CL 45.427 (1/13)	POLA	Initial		53.000	CL 45.427 (1-13).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



**Columbus Life
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AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

(This Authorization is intended to comply with the HIPAA Privacy Rule)

This authorization form is intended to supersede authorizations signed within the application packet beginning January 1, 2013 and later.

I (We), individually (and/or on behalf of any below-named children, individually), hereby consent and authorize any health plan, physician, medical practitioner, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, other medical or medically related facility, or other health care provider that has provided payment, treatment or services to me or on my behalf (hereafter, My Providers) to disclose my entire medical record, prescription history, medications prescribed and any other health information concerning me (protected health information) to Columbus Life Insurance Company (hereafter, 'the Company'). I (We) also authorize any insurance company or agent from which I (we) have applied for or obtained insurance, MIB, Inc., consumer reporting agency, my employer, or other company or institution that has provided payment, treatment, or services, or any other entity or person having information about me, to disclose it to the Company. Protected health information includes information on the diagnosis, prognosis, or treatment relative to any physical, or mental condition, or treatment related to drug or alcohol use, or Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex (ARC) and/or tests for antibodies to the AIDS Virus (HIV), but excludes psychotherapy notes.

The signature(s) below acknowledge that any agreements I (we) have made to restrict my protected health information do not apply to this Authorization and I (we) instruct any of My Providers and other entities or persons referred to above to release and disclose my/our health information without restriction.

This protected health information is to be used or disclosed under this Authorization so that the Company may: 1) underwrite applications for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine full responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I (we) have or have applied for with the Company.

I (We) also authorize the Company or its reinsurers to release any information collected about me to MIB, Inc. and to other insurance companies with whom I (we) may apply for insurance.

This authorization shall remain in effect for 24 months following the date of signature(s) below. A copy of the authorization is as valid as the original. I, each Proposed Insured, Named Child or Legal Representative, understand that I (we) have the right to obtain a copy of and revoke this authorization at any time by notifying the Company in writing at 400 East Fourth Street, P.O. Box 5737, Cincinnati, Ohio, 45201-5737 Attention: Privacy Officer. I (We) understand that a revocation is not effective to the extent that any person or entity has already relied on this Authorization to disclose or use information about me or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I (We) understand that if any of my protected health information is re-disclosed, it may no longer be protected by federal rules governing privacy and confidentiality of health information. Health Care and payment for health care will not be affected by refusal to sign this authorization. I (We) further understand that if I (we) refuse to sign this Authorization, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit determinations or payments. I (We) understand that I (we) or any authorized representative will receive a copy of this Authorization.

Signature of Proposed Insured or Legal Representative

Date

Signature of Additional Proposed Insured

Date

Witness (Agent, if present)

Date

Full Names of Children Proposed for Insurance



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AUTHORIZATION FOR APPLICATION AND POLICY ISSUE

The Columbus Life Insurance Company requires the natural or adoptive parent of a minor to complete this form prior to issuing a contract not owned by a natural or adoptive parent.

Proposed Minor Insured: _____ Date of Birth: _____

Applicant and Owner: _____

I, the undersigned and natural (or adoptive) parent of the minor child listed above, hereby authorize and request The Columbus Life Insurance Company to accept an application and to issue a policy insuring the life of the minor child above, as nearly in accordance with the application signed by the Applicant as the practice of The Columbus Life Insurance Company will permit.

I further authorize and request the designation of the said Applicant as Owner of this policy of life insurance and acknowledge that the Applicant may designate any Beneficiary and/or Successor Owner of his/her choosing.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

(This Authorization is intended to comply with the HIPAA Privacy Rule)

This authorization form is intended to supersede authorizations signed within the application packet beginning January 1, 2013 and later.

I (We), individually (and/or on behalf of any below-named children, individually), hereby consent and authorize any health plan, physician, medical practitioner, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, other medical or medically related facility, or other health care provider that has provided payment, treatment or services to me or on my behalf (hereafter, My Providers) to disclose my entire medical record, prescription history, medications prescribed and any other health information concerning me (protected health information) to Columbus Life Insurance Company (hereafter, "the Company"). I (We) also authorize any insurance company or agent from which I (we) have applied for or obtained insurance, MIB, Inc., consumer reporting agency, my employer, or other company or institution that has provided payment, treatment or services, or any other entity or person information about me, to disclose it to the Company. Protected health information includes information on the diagnosis, prognosis, or treatment relative to any physical, or mental condition, or treatment related to drug or alcohol use, or Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex (ARC) and/or tests for antibodies to the AIDS Virus (HIV), but excludes psychotherapy notes.

The signature(s) below acknowledge that any agreements I (we) have made to restrict my protected health information do not apply to this Authorization and I (we) instruct any of My Providers and other entities or persons referred to above to release and disclose my/our health information without restriction.

This protected health information is to be used or disclosed under this Authorization so that the Company may: 1) underwrite applications for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine full responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I (we) have or have applied for with the Company.

I (We) also authorize the Company or its reinsurers to release any information collected about me to MIB, Inc. and to other insurance companies with whom I (we) may apply for insurance.

This authorization shall remain in effect for 24 months following the date of signature(s) below. A copy of the authorization is as valid as the original. I, each Proposed Insured, Named Child or Legal Representative, understand that I (we) have the right to obtain a copy of and revoke this authorization at any time by notifying the Company in writing at 400 East Fourth Street, P.O. Box 5737, Cincinnati, Ohio, 45201-5737, Attention: Privacy

Officer. I (We) understand that a revocation is not effective to the extent that any person or entity has already relied on this Authorization to disclose or use information about me or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I (We) understand that if any of my protected health information is re-disclosed, it may no longer be protected by federal rules governing privacy and confidentiality of health information. Health Care and payment for health care will not be affected by refusal to sign this authorization. I (We) further understand that if I (we) refuse to sign this Authorization, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit determinations or payments. I (We) understand that I (we) or any authorized representative will receive a copy of this Authorization.

Printed name of person whose signature appears below

Signature of ☐ Father or ☐ Mother of the Proposed Insured

Date

Return completed form to: **Columbus Life Insurance Company**
New Business Department
400 East Fourth Street
Cincinnati, OH 45201-5737

SERFF Tracking #:	WSST-128790229	State Tracking #:		Company Tracking #:	2013 CLIC MIB
State:	Arkansas	Filing Company:	Columbus Life Insurance Company		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	2013 CLIC MIB Filing/rp/jc				
Project Name/Number:	2013 CLIC MIB Filing/rp/jc/2013 CLIC MIB Filing/rp/jc				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
CLIC Flesch Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	CLIC MIB Auth. Forms Statement of Variability		
Comments:			
Attachment(s):			
CLIC MIB Auth. Forms SOV.pdf			

Columbus Life Insurance Company

NAIC CODE # 99937

CERTIFICATION

I, Lori Rochford, an officer of Columbus Life Insurance Company hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state Statutes and Regulations.

Form Numbers	Readability Score
CL 45.406 (01/13), Authorization For Release Of Health Information *	53
CL 45.427 (1/13), Authorization For Application And Policy Issue *	53

Flesched with CL 83 0405, Renewable and Convertible Term Policy



Lori Rochford
Assistant Vice President, Insurance Compliance

Date: 11/30/2012

Statement of Variability

December 1, 2012

This Statement of Variability applies to the following forms:

Columbus Life Insurance Company

CL 45.406 (01/13), Authorization For Release Of Health Information.

CL 45.427 (1/13), Authorization For Application And Policy Issue.

The variable information is identified by brackets and may change as indicated below.

COMPANY LOGO: The flexibility to change our logo does not include the Company name. We understand if our Company name changes for any reason we must notify the Department accordingly.

ADMINISTRATIVE OFFICE: We may change our administrative address, telephone number, department name and web site if such items should change in the future. We may remove any reference to the Company web site unless it is required to appear by state law,